

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between BILLY JOEL BLEVINS, who acquired title as a joint tenant with full rights of survivorship and not as tenants in common with Betty H. Blevins, who passed away on February 21, 1989, a copy of the death certificate is attached as Exhibit "A" to this deed, and wife, VIRGINIA BLEVINS, who joins in this conveyance for the purpose of conveying any homestead rights, or other marital rights, she may have to the property by virtue of her marriage to Billy Joel Blevins, Grantors, and WILLIAM MOLETT AND JANICE MOLETT, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do hereby convey and warrant, except as hereinafter set forth, unto the Grantees as tenants by the entirety, with right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

Lot 11, Tall Oaks Subdivision, in Section 32, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 6, Page 36-38, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

c:\property\wd

STATE MS. - DE SOTO CO. *AK*

JUL 3 10 51 AM '97 *12*

BK 318 PG 315
W.E. DAVIS CH. CLK.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 1st day of July, 1997.

Billy Joel Blevins
BILLY JOEL BLEVINS

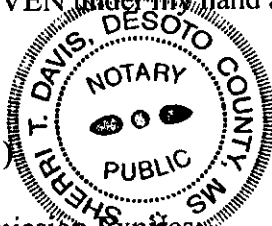
Virginia Blevins
VIRGINIA BLEVINS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, BILLY JOEL BLEVINS AND VIRGINIA BLEVINS, who acknowledged that they signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 1st day of July, 1997.

(SEAL)



My Commission Expires
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 18, 2000
BONDED THRU STEGALL NOTARY SERVICE

Sherri Davis
NOTARY PUBLIC

ADDRESS OF GRANTOR:
4045 PINEHURST Blvd
OLIVE BRANCH MS 38654
Home: NONE
Work: NONE

ADDRESS OF GRANTEE:
1230 Jewel Drive
Southaven, MS 38671
Home: NONE
Work: NONE

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE #997-198

162
TYPE / PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
CERTIFICATE OF DEATH

BK 0318 PG 0317
001200

NAME OF DECEASED
For use by physician or institution

DECEDENT

DECEDENT'S NAME (First, Middle, Last) **BETTY IRENE BLEVINS**
 SOCIAL SECURITY NUMBER (of Decedent) **427 68 7094** BIRTHDAY (Month, Day, Year) **54**
 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No
 PLACE OF DEATH (City, State, and Zip Code) **6/19/34**
 COUNTY OF DEATH **CALHOUN CO., MS**
 FACILITY NAME (If not institution give street and number) **BAPTIST HOSP CENTRAL**
 CITY, TOWN OR LOCATION OF DEATH **MEMPHIS TN**
 COUNTY OF DEATH **SHELBY**
 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): **MARRIED**
 SURVIVING SPOUSE (If wife give maiden name) **BILLY J. BLEVINS**
 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **OFFICE EMPLOYEE**
 KIND OF BUSINESS/INDUSTRY **GERALD JEFFRIES AUTO AUCTION**
 RESIDENCE—STATE **MS** COUNTY **DESOTO** CITY, TOWN OR LOCATION **SOUTHAVEN** STREET AND NUMBER OR RURAL LOCATION **1230 JEWEL ST**
 INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No ZIP CODE **38671**
 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes specify Cuban, Mexican, Puerto Rican, etc.) Yes ☐ No ☒
 RACE—American Indian, Black, White, etc. (Specify) **WHITE**
 DECEDENT'S EDUCATION (Specify only highest grade completed) **UNKNOWN**
 ELEMENTARY, Secondary (10-12), College, University

PARENTS

INFORMANT

FATHER'S NAME (First, Middle, Last) **MICHAEL J. HAYES** MOTHER'S NAME (First, Middle, Maiden Surname) **CLARA PARKER**
 INFORMANT'S NAME (Type/Print) **BILLY J. BLEVINS** RELATIONSHIP TO DECEASED **HUSBAND**
 MAILING ADDRESS, Street and Number or Rural Route Number, City or Town, State, Zip Code **SAME AS 13d**
 METHOD OF DISPOSITION 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **FOREST HILL CEMETERY SOUTH**
 LOCATION—City or Town, State **MEMPHIS TN**
 SIGNATURE OF FUNERAL DIRECTOR **William Crocker DeLoach** LICENSE NUMBER OF FUNERAL DIRECTOR **3910**
 SIGNATURE OF EMBALMER **William Crocker DeLoach** LICENSE NUMBER OF EMBALMER **4077**
 NAME AND ADDRESS OF FUNERAL HOME **FOREST HILL FUNERAL HOME 2545 E HOLMES RD MEMPHIS TN** LICENSE NUMBER OF FUNERAL HOME **#466**

REGISTRAR

CERTIFIER

REGISTRAR'S SIGNATURE **Patti Hodaway** Deputy **DATE FILED (Month, Day, Year) MAR 07 1989**
 PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
 SIGNATURE AND TITLE OF PHYSICIAN **John F. Schwerkoske** LICENSE NUMBER **M0615459** DATE SIGNED (Month, Day, Year) **2-23-89**
 MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated
 SIGNATURE AND TITLE OF MEDICAL EXAMINER **John F. Schwerkoske, M.D.** LICENSE NUMBER **1068** DATE SIGNED (Month, Day, Year) **Cresthaven Road**
 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) **John F. Schwerkoske, M.D. 1068 Cresthaven Road**

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **LIVER FAILURE**
 DUE TO (OR AS A CONSEQUENCE OF) **LIVER METASTASES**
 DUE TO (OR AS A CONSEQUENCE OF) **BREAST CANCER**
 SEQUENTIALLY LIST CONDITIONS, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
 WAS AN AUTOPSY PERFORMED? 1 ☒ Yes 2 ☐ No
 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☒ No
 MANNER OF DEATH 1 ☒ Natural 5 ☐ Pending Investigation 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be Determined
 DATE OF INJURY (Month, Day, Year) **31a** TIME OF INJURY **31b** INJURY AT WORK? 1 ☐ Yes 2 ☒ No
 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) **31c** LOCATION (Street and Number or Rural Route Number, City or Town, State) **31d**

EXHIBIT
"A"

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT - 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Public Health by the Memphis & Shelby County Health Department.

BEAL

Robert E. Burke

Date Issued

MAR 13 1989

By

Robert E. Burke, Director
Division of Vital Records

AFFIDAVIT OF ADVERSE POSSESSION

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Before me, the undersigned authority in and for said jurisdiction, this day personally appeared BILLY G. SMITH AND SUE M. SMITH who having been duly sworn, on their oath state as follows:

1. Our names are Billy G. Smith and Sue M. Smith and we reside at 1185 Jewel Drive, Southaven, MS 38671.
2. We have resided at this address for twenty-three years and we have known Mr. and Mrs. Blevins since they became our neighbors in May of 1984.
3. The Blevins have been in open notorious, adverse and hostile possession of the subject property since May of 1984. The Blevins purchased the property from the Estate of Juanell W. LaPointe. Mrs. LaPointe had purchased the property from Kenneth Rogers who built the house at 1230 Jewell Drive. The Blevins and their predecessors in title, Mrs. LaPointe and Mr. Rogers have been in open notorious, adverse and hostile possession of the subject property in excess of thirty-one (31) years.

Billy G. Smith
BILLY G. SMITH

Sue M. Smith
SUE M. SMITH

This day personally appeared before me, the undersigned authority in and for the said jurisdiction, the within named BILLY G. SMITH AND SUE M. BLEVINS, who acknowledged that they executed the above and foregoing instrument.

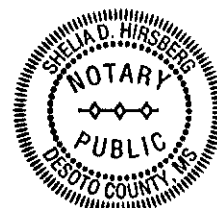
Sworn to and subscribed before me this 1st day of July, 1997.

Shelia D. Hirsberg
NOTARY PUBLIC

(SEAL)

My Commission Expires: _____

PREPARED BY THE OFFICE OF:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190, SOUTHAVEN, MISSISSIPPI 38671-0190
(601) 349-0664



MY COMMISSION EXPIRES:
NOVEMBER 22, 2000 FILE #997-198